WILD ROSE MANOR P. O. BOX 391

Number of Residents on 12/31/01:

WILD ROSE 54984 Phone: (920) 622-4342 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 78 Total Licensed Bed Capacity (12/31/01): 78

\*

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: \*

Non-Profit Corporation

Skilled

No

Yes

Yes

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	42. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.5	More Than 4 Years	16. 7
Day Services	No	Mental Illness (Org./Psy)	39. 4	65 - 74	6. 1		
Respite Care	No	Mental Illness (Other)	3. 0	75 - 84	31.8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	39. 4	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	3.0	95 & 0ver	18. 2	Full-Time Equivalen	it
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	4. 5		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	4. 5	65 & 0ver	95. 5		
Transportati on	No	Cerebrovascul ar	18. 2	<sup>'</sup>		RNs	10. 6
Referral Service	No	Di abetes	1. 5	Sex	% j	LPNs	6. 9
Other Services	Yes	Respi ratory	3. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	22.7	Male	24. 2	Ai des, & Orderlies	45. 0
Mentally Ill	No			Female	75.8		
Provi de Day Programming for	ĺ		100. 0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	2	100.0	275	48	100.0	93	0	0.0	0	13	86. 7	108	0	0.0	0	1	100.0	133	64	97. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	2	13. 3	92	0	0.0	0	0	0.0	0	2	3. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	2	100.0		48	100.0		0	0.0		15	100.0		0	0.0		1	100. 0		66	100.0

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WILD ROSE MANOR

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions,	Services, and	d Activities as of 12	/31/01
Deaths During Reporting Period	l	`					
		ľ		% Nec	edi ng		Total
Percent Admissions from:		Activities of	%	Assi sta	ince of	% Totally	Number of
Private Home/No Home Health	9. 6	Daily Living (ADL)	Independent	One Or 7	Wo Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	9. 1	51	l. <b>5</b>	39. 4	66
Other Nursing Homes	22.9	Dressing	15. 2	5′	7. 6	27. 3	66
Acute Care Hospitals	65. 1	Transferring	24. 2	3	1.8	43. 9	66
Psych. HospMR/DD Facilities	0.0	Toilet Use	18. 2	30	3. 4	45. 5	66
Rehabilitation Hospitals	0.0	Eati ng	63. 6	15	5. 2	21. 2	66
Other Locations	2.4	*************	******	******	**********	*********	*****
Total Number of Admissions	83	Conti nence		% Spe	ecial Treatment	cs .	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	9. 1 I	Receiving Respi	ratory Care	4. 5
Private Home/No Home Health	5. 3	Occ/Freq. Incontinent	t of Bladder	37. 9	Receiving Trach	neostomy Care	0.0
Private Home/With Home Health	15.8	Occ/Freq. Incontinent	of Bowel	30. 3	lecei vi ng Sucti	oni ng	0. 0
Other Nursing Homes	3. 9			I	Receiving Oston	ny Care	0. 0
Acute Care Hospitals	21. 1	Mobility		I	Receiving Tube	Feedi ng	1. 5
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	10. 6	Receiving Mecha	anically Altered Diets	s 36. 4
Rehabilitation Hospitals	0.0					-	
Other Locations	9. 2	Skin Care		0tl	ner Resident Ch	naracteri sti cs	
Deaths	44. 7	With Pressure Sores		6. 1 I	Iave Advance Di	rectives	90. 9
Total Number of Discharges		With Rashes		10.6 Med	li cati ons		
(Including Deaths)	76	ĺ		I	Receiving Psych	noactive Drugs	42. 4
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 82. 1 88. 9 0.92 85. 1 0.96 84. 4 0.97 84. 6 0.97 Current Residents from In-County 84.8 78.4 1.08 72. 2 1. 18 75. 4 1. 12 77. 0 1. 10 Admissions from In-County, Still Residing 28.9 25.3 1. 14 20.8 1.39 22. 1 1.31 20.8 1. 39 Admissions/Average Daily Census 129.7 108. 1 1. 20 111.7 1. 16 118. 1 1. 10 128. 9 1.01 Discharges/Average Daily Census 118.8 107.3 112. 2 1.06 118.3 130. 0 0.91 1. 11 1.00 Discharges To Private Residence/Average Daily Census **25.** 0 37. 6 0.66 42.8 0.58 46. 1 0.54 52. 8 0.47 Residents Receiving Skilled Care 97. 0 90.9 1.07 91.3 1.06 91.6 1.06 85. 3 1. 14 Residents Aged 65 and Older 95. 5 96. 2 0.99 93.6 1.02 94. 2 87. 5 1.01 1.09 Title 19 (Medicaid) Funded Residents 72.7 67.9 1.07 67.0 1.08 69.7 1.04 68. 7 1.06 Private Pay Funded Residents 22.7 26. 2 0.97 21.2 22. 0 1. 03 0.87 23. 5 1.07 Developmentally Disabled Residents 0.0 0. 5 0. 9 0.00 0.8 7. 6 0. 00 0.00 0.00 Mentally Ill Residents 42.4 39.0 1.09 41.0 1.03 39. 5 1.07 33. 8 1. 26 General Medical Service Residents 22.7 16. 5 1.37 16. 1 1. 41 16. 2 1.40 19.4 1.17 49.3 Impaired ADL (Mean) 54.8 49.9 48. 7 1. 13 48. 5 1. 11 1. 10 1. 13 Psychological Problems 42.4 48. 3 0.88 50. 2 0.85 50.0 0.85 51. 9 0.82 Nursing Care Required (Mean) 7.4 7.0 1.05 7. 3 1. 02 7.0 1.05 7. 3 1. 01